

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/550723</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			/		51						
2		/			/		52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		2					60						
11		4					61						
12		4					62						
13		5					63						
14		8					64						
15		8					65						
16		8					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		8					72						
23		8					73						
24		8					74						
25		4					75						
26		2					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

↓      ↓      ↓  
 ←      ←      ←  
 25      26